



**CITY OF GARDEN GROVE
BUILDING SERVICES**

**11101 DALLAS DR
PERMIT#:10-3392
ISSUED:11/15/10**

General Info : 714-741-5307
Inspection Requests : 714-741-5332

Owner PASSANISI, ROSARIA		Telephone		Zip 92840	Building Address 11101 DALLAS DR		
Address 11101 DALLAS DR		City Garden Grove		State CA	Suite/Unit/Building		
Applicant PAYLESS 4 PLUMBING		Telephone 8022-220-0209		Zip 92407	TYPE Plumbing Permit		ISSUED BY Yoav Shernock
Address 985 KENDALL DR SUITE A323		City SAN BERNARDINO		State CA	Inspector Dist. N5	Parcel Number 08946108	LOT TRACT
State Licence 817084		Expires N/A		City Licence		Expires	
Contractor PAYLESS 4 PLUMBING		Telephone 8022-220-0209		Zip 92407	Final		
Address 985 KENDALL DR SUITE A323		City SAN BERNARDINO		State CA	Inspector's Signature <i>TCH For DW</i>		
State Licence 817084		Expires N/A		City Licence		Expires	
Date 11/16/10							
Floor Area(sq. ft.)		Residential/Commercial Residential					
Job Description CLEANOUT IN FRONT YARD OF HOUSE							
DECLARATION I certify that I have read this application/permit and state that the information on all pages of this document is correct. I agree to comply with all City and County ordinances and State laws relating to building construction, and hereby authorize representatives of this City and County to enter upon the above mentioned property for inspection purposes.							
X Applicant's Signature <i>[Signature]</i>		Date <i>11/15/10</i>					
Print Name							

Valuation		\$0.00	
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Final		\$0.00	
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F E E S	Description		Quantity	Amount
	Miscellaneous Plumbing		1	\$9.50
	Issuance Fee		1	\$35.00
TOTAL				\$44.50

This is a building permit when properly filled out, signed and validated, and is subject to expiration if work thereunder is suspended for 180 days.

ORIGINAL

Permit Type: PLUMB

INSPECTION RECORD

For Applicant to Fill in

P.C. #

OCCU-PANCY	TYPE	OCC. LOAD		FIRE SPRINK.	
		FRONT	LEFT	RIGHT	REAR
USE ZONE					
FIRE ZONE	Eav Proj.				
	Setbacks				
PLANNING ACTION				B-505	
LAND USE APPROVED BY				PLANS	
REMARKS:				DATE	
G.G. SANT. DIS. FEE REQ'D.	O.C. SANT. DIS. FEE REQ'D.		DATE	INITIAL	
		REQ'D	PROVIDED		
PARCEL MAP					
R/W DEDICATION					
FEES AND BONDS					
ST. BOND	REV. CODE	AMOUNT			
WATER BOND					
WATER ASSMT. FEE (ACRG.)					
WATER ASSMT. FEE (FT.)					
PARKWAY TREE FEE					
PARK & REC. FEE (DIST.)					
DRAIN ASSMT. FEE (DIST.)					
PLAN RETENTION FEE					
BLDG. PLAN CHECK			16	25	
BLDG. PERMIT FEE			25	50	
ISSUANCE			10	00	
VALUATION		TOTAL FEES	51	75	
	# 148800				
AUTHORIZED BY		DATE			
	<i>[Signature]</i>		3-12-84		

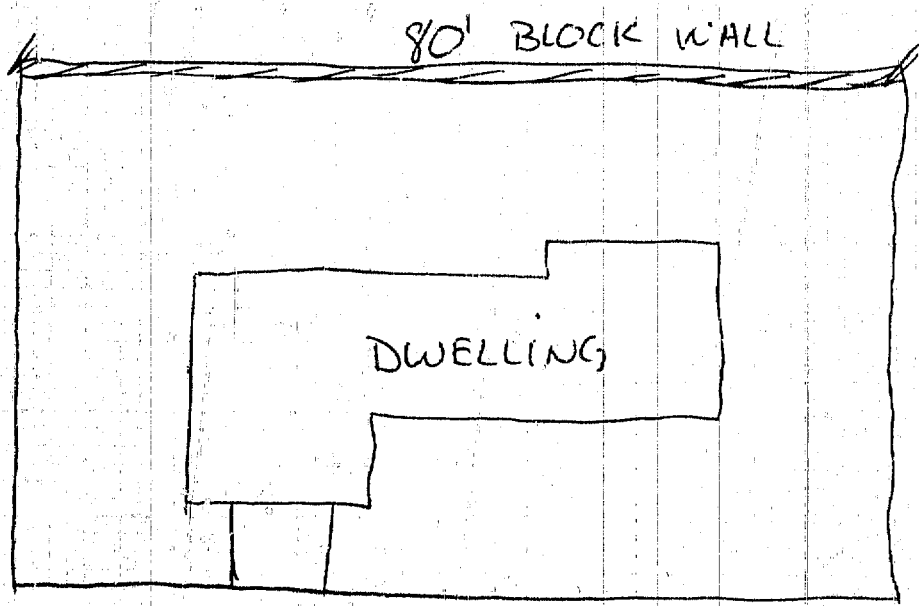
APPROVAL	DATE	INSPECTOR
FOUNDATION & LOCATION	3-16-84	O.M.
CONCRETE FLOOR		
REINFORCING		
ROOF SHTG		
ROUGH FRAME		
INSULATION, ENERGY		
LATH OR DRYWALL		
PLAS. BROWN CT.		
SOUND INSULATION		
SMOKE DETECTOR		
PARKING		
LANDSCAPING		
LAND USE FINAL		
FINAL	3-22-84	O.M.
UTILITY RELEASE		
IDENTIFICATION CODE		
WORKER'S COMPENSATION REQUIREMENTS		
State Compensation Insurance Policy No. _____ Expiration Date _____		
<input checked="" type="checkbox"/> I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California. NOTE: If, after making such certificate, the applicant for the permit should become subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed revoked.		
<input checked="" type="checkbox"/> I certify that I have read this application and state that the above information is correct. I agree to comply with all City ordinances and State laws relating to pending construction. I further agree to hold the City of Garden Grove free and harmless from any liability arising out of injury or bodily damage resulting from work performed relevant to this permit.		
APPLICANT SIGNATURE <i>[Signature]</i>		DATE 3/11/84
BUSINESS TAX CERTIFICATE INFORMATION		
I certify that the following Contractor's License No. _____ and Classification _____ is in full force and effect.		
(PRINT) CONTRACTOR	(SIGNATURE) CONTRACTOR OR AUTHORIZED AGENT	DATE
BUSINESS TAX CERTIFICATE NO. _____ EXPIRATION DATE _____		
I certify that I am exempt from Section 7031.5 of the Business and Professional Code, Division 3, Chapter 9, Contractors' License Law, under the following Section:		
Owner: Section 7044 <input checked="" type="checkbox"/> Minor work under \$100: Section 704B <input type="checkbox"/> Employees working for wages only: Section 7053 <input type="checkbox"/>		
Other: SAM PASSALISI		DATE: 3/11/84
(PRINT) PROPERTY OWNER (SIGNATURE) PROPERTY OWNER OR AUTHORIZED AGENT		DATE

ADDRESS 1101 DALLAS DR. G.G.			
LOT NO.	BLK. NO.	TRACT NO.	PERMIT NO.
6		2000	194282A
OWNER SAM PASSALISI		TEL. NO. 636-9069	
MAILING ADDRESS 1101 DALLAS DR. G.G.		CITY G.G.	ZIP 92640
<input type="checkbox"/> ARCH	<input type="checkbox"/> ENGR.		
MAILING ADDRESS		CITY	ZIP
TEL. NO.		STATE LIC. NO. & TYPE	
VALIDATION			
	B-PLAN	16.25	
	B-PER	25.50	
	ISS	10.00	
	1#7583/4 3-12'84	CHECK	51.75
CONTRACTOR OWNER/Builder			
MAILING ADDRESS		CITY	ZIP
TEL. NO.		STATE LIC. NO.	
PRESENT BLDG. USE		PROPOSED BLDG. USE BLOCK WALL	
DESCRIBE WORK TO BE DONE 80' BLOCK WALL 6' HIGH			
NEW <input checked="" type="checkbox"/> ADD'N <input type="checkbox"/> ALTER. <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLISH <input type="checkbox"/>			
FLOOR AREA (SQ. FT.)	NO. OF STORIES	NO. OF DWELLING UNITS	
If work is not started within 120 days from date of issue or if abandoned for more than 120 days, this permit will be null and void.			
A FEE MAY BE CHARGED FOR RE INSPECTION DUE TO NEGLIGENCE, INCOMPLETE WORK, OR FAILURE TO MAKE CORRECTIONS.			
RELOCATION			
PRESENT BLDG. ADDRESS			
MOVING CONTRACTOR			
ADDRESS			

I. INSPECTOR

OWNER SAM J. PASSANIS		JOB ADDRESS 11101 DALLAS DR.		PERMIT NO. 13422A	
NAME OF CONSTRUCTION LENDER & BRANCH		ASSESSORS PARCEL NO.	LOT	BLOCK	TRACT
			6	-	2000
PLEASE CHECK ONE OR MORE					
<input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolish					
ADDRESS		DATE	JOB DESCRIPTION	PERMIT VALUE	
		3-12-84	Blockwall	1488⁰⁰	

SHOW NORTH ARROW. PROPERTY LINES AND ADJACENT STREETS.



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DALLAS DR.

INSPECTION RECORD

For Applicant to Fill in

SOCIAL PERMIT R-3 USE ZONE R-1	TYPE FRONT LEFT RIGHT REAR	FIRE SPRINK PLANS DATE	APPROVAL PRE INSPECTION FOUNDATION & LOCATION CONCRETE FLOOR REINFORCING MASONRY ROOF SHGTS ROUGH FRAME INSULATION ENERGY DRYWALL LATH PLAS. BKWN CT LANDSCAPING PRE GRANTE PRE DECK PRE PLASTER PLANNING FINAL	DATE 11-1-88 11-1-88 1-29-89	INSPECTOR [Signature] [Signature] [Signature]
PLANNING ACTION LAND USE APPROVED BY REMARKS			PRE INSPECTION FOUNDATION & LOCATION CONCRETE FLOOR REINFORCING MASONRY ROOF SHGTS ROUGH FRAME INSULATION ENERGY DRYWALL LATH PLAS. BKWN CT LANDSCAPING PRE GRANTE PRE DECK PRE PLASTER PLANNING FINAL		
G.C.SAN/D/S FEE RECD DATE AMOUNT			WORKER'S COMPENSATION REQUIREMENTS State Compensation Insurance Policy No. _____ Expiration Date: _____ <input type="checkbox"/> I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California. NOTE: If ever making such application, the applicant for the permit should prepare subject to the Worker's Compensation provisions of this code, he shall forthwith comply with the provisions of Section 3700 or his permit shall be deemed void. <input checked="" type="checkbox"/> I certify that I have read this inspection and state that the above information is correct insofar as it applies to the City ordinances and State laws relating to building, construction, fire and safety, and to hold the City of Garden Grove free and harmless from any liability, claims, or injury or loss, damage resulting from any error or omission in this information. [Signature] DATE 10-31-88		
FEE SCHEDULE REV. CODE AMOUNT			BUSINESS TAX CERTIFICATE INFORMATION I certify that this fee was paid to the City of Garden Grove on 10-31-88 Dale's Roofing Co. 39 [Signature] DATE 10-31-88		
TOTAL FEES 79.50			EXPIRATION DATE 10-31-89		

ADDRESS 1101 DALLAS DR. LOT NO. BLDG NO. TRACT NO. OWNER PASSA-isi MAILING ADDRESS Same TEL NO. CONTRACTOR Dale's Roofing Inc. MAILING ADDRESS 2302 W. 2nd ST SANTA ANA CA TEL NO. 550 1180 PRESENT BLDG USE RES DESCRIBE WORK TO BE DONE Remove old roof INSTALL 4PLY HOT MOP WITH New ROCK.	PERMIT NO. 160619A CITY 5304297 STATE LIC. NO. & TYPE C-39 PREPARED BLDG USE RES NO. OF DWELLING UNITS 1
FLOOR AREA 2200 STORES 1	NO. OF DWELLING UNITS 1
If work is not started within 180 days from date of issue of this permit for more than 180 days this permit will be null and void A FEE MAY BE CHARGED FOR RE-INSPECTION DUE TO NEGLIGENCE INCOMPLETE WORK OR FAILURE TO MAKE CORRECTIONS	
RELOCATION PRESENT BLDG ADDRESS MAILING ADDRESS CONTRACTOR NO. OF UNITS	

280002

APPROVED BY [Signature]

DATE 10-31-89